FRIENDS
GRIEF SERVICES
8471 W. Periwinkle Lane
Homosassa Springs FL 34446
www.friendsofcitrus.org

APPLICATION FOR EMPLOYMENT

Date:_____

Name:_____

Address:_____

City, State:_____ Zip:_____

Phone number:_____

Email:_____

Are you eligible for work in the US? _____

If selected will you submit to a background check? _____ Drug Screen? _____

Position Applied for: _____

Is there any reason that you cannot complete the duties of this position for the next year? _____

Are you presently employed? ☐ **Yes** ☐ **No** May we contact your employer? ☐ **Yes** ☐ **No**

EDUCATION

School Name Location	**Years Attended**	**Degree Received**

EMPLOYMENT HISTORY Start with most current position

Name of Employer:_____

Telephone Number:_____

Full Address:_____

City:_____ State:_____ Zip Code:_____

Dates Employed: From:_____ To:_____ Final Rate of Pay:_____

Title:_____ Reason for leaving:_____

Name of Employer:_____

Telephone Number:_____

Full Address:_____

City:_____ State:_____ Zip Code:_____

Dates Employed: From:_____ To:_____ Final Rate of Pay:_____

Title:_____ Reason for leaving:_____

READ AND SIGN LAST PAGE

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application and any other accompanying documents is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should offer of employment be extended by Friends Grief Services, such employment is at will and for a specific duration and may be terminated.

In consideration for employment with Friends Grief Services, I agree to conform to the rules, regulations, policies and procedures.

I understand that if offered a position with Friends Grief Services, I will be required to consent to a pre-employment medical examination, drug screening, criminal background check, and motor vehicle check as a condition of employment. I permit Friends Grief Services to utilize the information gathered in any way deemed necessary to make an employment decision, and release Friends Grief Services and those providing information from gathering or using such information. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of theses pre-employment tests or checks will result in withdrawal of any employment offer or termination of employment if already employed.

Friends Grief Services may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, gathered by the consumer reporting agency and reported to the Company. These reports may contain, but may not be limited to, information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Friends Grief Services, any division of and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that this application is considered current for 1 year. If I wish to be considered for employment after this period, I must fill out and submit a new application.

By signing below, I acknowledge that I have read, understood and agree to the above statements.

_____ _____

Signature Date